

CHARD RURAL DISTRICT COUNCIL

A N N U A L   R E P O R T

of

THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR ENDED 31st DECEMBER, 1958

PUBLIC HEALTH OFFICERS

Medical Officer of Health.

A.M. McCall, V.R.D., M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health.

P.P. Fox, M.B., Ch.B., D.P.H.

Public Health Inspectors.

E. Whisker, M.S.I.A.  
C.V. Muggeridge, M.S.I.A.  
T.A.J. Fowler, M.S.I.A.

Committees concerned with matters of Public Health

(a) Public Health	.....	(19 Members)
(b) Housing	.....	(19 Members)
(c) Works	.....	(15 Members)

Health Department  
16, Church Street,  
Crewkerne.

Tel. No. Crewkerne 419





CHARD RURAL DISTRICT

-- in the --  
COUNTY OF SOMERSET.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH  
FOR THE YEAR ENDED 31st DECEMBER, 1958.

To the CHARD RURAL DISTRICT COUNCIL.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my Report for 1958.

There was a widespread outbreak of measles, but otherwise there was comparatively little infectious disease notified during the year.

The preventative health services continued to function smoothly and I have included a note on the National Health Service.

This report has been produced while the Health Department has been trying to cope with a very heavy demand for anti-poliomyelitis vaccination and is necessarily shorter than in some previous years.

I am,  
Your obedient Servant,


A.M. McCALL,

M.R.C.S., L.R.C.P., D.P.H.

Medical Officer of Health.

Health Department,  
16, Church Street,  
CREWKERNE, Somerset,  
October, 1959.

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CHARD RURAL DISTRICT

in the  
COUNTY OF SOMERSET.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR  
THE YEAR ENDED 31st DECEMBER,  
1958.

SECTION A. STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

POPULATION: The Registrar General gives the estimated mid-year population for 1958 as 12,350.

BIRTH RATE: The corrected Birth Rate for the year was 12.98 per 1,000 live births, slightly higher than the figure for the previous year but below the national figure for England and Wales of 16.4 per thousand.

DEATH RATE: The corrected Death Rate for the year was 10.47 per 1,000 which is below the national figure of 11.7. The causes of death are shown in Appendix A, Table 3 and the pattern is now no doubt familiar to Councillors, diseases of the heart and circulation again topping the list.

STILLBIRTHS: Two stillbirths occurred in the area during the year.

INFANT MORTALITY: There were five deaths of infants under one year of age. Three were due to prematurity, one to pneumonia and one had a congenital malformation of the heart.

MATERNAL MORTALITY: I am once again happy to report that no cases of maternal death occurred during the year.

SOCIAL SERVICES: The social services provided by the local health authority remained unchanged.

SECTION B. GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

No new services were provided during 1958.

CARE OF MOTHERS AND YOUNG CHILDREN:

ANTENATAL CLINICS: There are no antenatal clinics held in the District. Routine antenatal examinations are carried out by general practitioners and district nurses. All patients requiring admission to hospital went to the Maternity Units at Musgrove Park Hospital, Taunton, Yeovil or Templecombe. Some patients attended clinics held in Crewkerne and Chard for blood examination. Samples of blood are examined to determine the Rh reaction and the degree of anaemia if present.

DOMICILIARY MIDWIFERY: The district nurses continued to attend expectant and nursing mothers in their homes with the private practitioner supervising the case. The practical service of delivery of the mothers and their after-care follow naturally on the work of the antenatal care. The mothers approach their time of confinement with the knowledge that they have been well cared for in the preceding months. They have a sound knowledge of what is to take place, and they are well acquainted with the nurses who will be looking after them.

INFANT WELFARE CLINICS:

Merriott: This clinic is held twice per month and Dr. Dauncey is present at each session.

Shepton Beauchamp: This clinic is held once per month with Dr. Cartwright present on each occasion.

Tatworth: This clinic is held monthly.

Winsham: This is a monthly clinic and Dr. Elliott attends as she does that at Tatworth.

Details of these clinics will be found in Appendix B, Table 1.

HEALTH VISITING: The District Nurses and Mrs. Pitt act as Health Visitors for the area. Mrs. Pitt is also the Tuberculosis Health Visitor for the whole area.





HOME NURSING: In addition to their many other duties the District Nurses visit people's homes to carry out a very large number of duties. These may include dressing wounds, giving injections, bathing patients, and many other similar medical duties too numerous to list. A great deal of this work is concerned with the older members of the community, and we have every reason to be thankful for the kindly manner in which our Nurses have been working during the past year.

IMMUNISATION: 1958 was the first year when supplies of poliomyelitis vaccine became more readily available and a start was made to deal with the many applications from parents who wished their children to be immunised against this crippling disease. The course consisted of two injections given with a month's interval between them, followed by a re-inforcing dose some seven months after the second injection. Owing to the controversy which marked the introduction of the American vaccine of the Salk type, some parents refused to accept any other than vaccine of English manufacture, while others were prepared to accept any which passed the standard of English testing. As there was considerably more American vaccine issued by the Ministry a number of children who had not been long on the waiting list were vaccinated while others, waiting for English vaccine for many months remained un-immunised. This led to considerable correspondence from parents and when the situation was explained many re-considered their original decision and a further flood of registration cards were received. The main burden of this campaign has undoubtedly been felt by the clerical staff of the Public Health Department and I wish to acknowledge the efficient manner in which the work was done in your area. It entailed many hours of late working and dealing with innumerable telephone calls and letters, many of which countermanded previous instructions. However, towards the end of the year a good deal of the chaos had been sorted out and Appendix B, Table 3 shows details of what was achieved. By the end of the year the number of applications was mounting rapidly and my next report will show the ultimate extent of the public demand for this type of prophylaxis.

The necessity for immunisation against diphtheria and whooping cough continued to be stressed but obviously there is a limit to the amount of work which the department can do and therefore the figures show a falling off in the number of re-inforcing doses given, although those receiving their initial course remained satisfactory. In order to avoid the period of the year when immunisation with the combined vaccine is liable to affect those injected with acute poliomyelitis this type of injection was suspended during the second and third quarters. This action was taken generally throughout the County on instruction from the County Medical Officer of Health.

VACCINATION: The need for vaccination against smallpox increases each year on account of the ease of travel from areas in which this disease is endemic. However, since the statutory requirement for smallpox vaccination was rescinded in 1948 there has been a falling off in the number of vaccinated persons. There were 126 primary and 4 re-vaccinations in 1958.

HOME HELP SERVICE: This Service, started in 1948, is now established as an essential part of the Health Service. The women working in the Service have a reputation for hard, efficient work, allied to kindness and consideration for those whose temporary difficulties they are endeavouring to overcome. The Area Organiser in either Taunton or Yeovil deals with all requests for help.

SCHOOL MEDICAL SERVICE: The main part of the school medical service is the periodic and special examinations carried out in the schools and I visited all the schools during 1958. Details of these inspections may be found in Appendix B, Table 2. However, there are many other sides to this work which include the special examinations which are frequently requested by teachers, parents, or the County Medical Officer, and co-operation with specialists. In this connection I receive copies of all reports from them to private practitioners if the child concerned attends a school within my area. This liaison is particularly important to me and I hope that I have been helpful in smoothing over the many difficulties that arise during the year. In addition, I also inspect all children who, having reached the age of 14, take up part-time employment which is subject to County Bye-Laws. These Bye-Laws ensure that children only work a specified number of hours and in a suitable type of employment and prevents exploitation of 'cheap labour'.

SPEECH THERAPY: Children were able to attend for speech training at both Chard and Crewkerne. Miss Henshaw attended each clinic once a week in 1958.

BREATHING EXERCISES CLINIC: Children requiring breathing exercises are able to attend the weekly clinic at Crewkerne. Owing to the lack of demand, the clinic at Chard was closed at the end of March.





SCHOOL DENTAL SERVICE: A part-time dental surgeon based at Chard was available for children living in that area who required treatment. At the beginning of the year a dental surgeon was appointed to the Crewkerne area and he carried out inspections at the Merriott, Hinton St. George and West Crewkerne schools.

ORTHOPAEDIC SERVICES: When necessary, children are referred to orthopaedic surgeons who hold clinics at Yeovil and Taunton. A clinic is held once per month at Crewkerne and Chard where the orthopaedic sister supervises the follow-up of cases resident in those areas.

OPHTHALMIC SERVICES: Special clinics for schoolchildren are held at Yeovil and Taunton and all cases who are found to have a visual defect at the school medical inspections are first referred to the appropriate clinic. Subsequent examinations may be carried out by local opticians whose reports are most helpful, or if the necessity arises, they are referred back to the ophthalmic specialist for further examination. I have noted that where the modern and fashionable type of frames are purchased by parents, the children are much more ready to co-operate and wear their glasses regularly. This is particularly noticeable among the senior girls.

EPILEPTICS: Any cases of epilepsy occurring in the area are referred to a specialist at Taunton who is able to carry out electro-encephalogram and other necessary investigations and then advise on the correct course of treatment. A copy of his report is always available to the School Medical Officer if the patient be of school age. Where it is considered necessary for a schoolchild to attend a special school on account of the disease, it is possible to have them admitted to the Chalfont Colony where the Somerset County Council maintain a certain number of students.

SPASTICS: Cerebral palsy causes a spastic condition of the muscles which makes the sufferer have poor co-ordination. As a result he often finds it difficult to do the simple acts of life. He may reach for a cup or pencil, as the hand moves, it may miss the mark, knocking over the cup or dropping the pencil. He may not be able to walk straight, he may get off balance, may stagger or reel or weave about. Another child may have trouble with his throat and tongue. If he tries to talk the sounds are often grunts and noises. The muscles of his face may twist and work. Seeing a child making faces and hearing the sounds he makes, give some people a wrong idea. They connect such acts with being feeble-minded because some feeble-minded children act that way. This may be far from the truth. Some of them are very bright. Some, it is true, are feeble-minded but it is not possible to tell just by the way children with cerebral palsy look or act. Mentally the large number of them are about like other children.

The cause is sometimes due to brain damage while the baby is being born. This may be when the mother has a hard and long labour but it is not necessarily the case. It may happen with an easy birth. Sometimes cerebral palsy may happen after birth and it has followed whooping cough, measles and meningitis.

A large number of spastic children do improve, others do not improve so much, still others not at all. Due to severe mental or physical disability some may have to be cared for in an institution for years.

It is important that all children with cerebral palsy should be under medical care and have opportunities for suitable education just as any other child. All these cases are reported to the County Health Department. Cases are referred to the Cerebral Palsy Assessment Clinic in Bristol where a full assessment of the case is made. When possible, children are encouraged to attend the ordinary day schools, but sometimes placement is necessary in a suitable special residential school.

BLIND PERSONS: The Somerset Association for the Blind carry out the general work on behalf of and with a grant from the County Council. This arrangement works very well in practice. There are 29 registered blind persons resident in the area. Prior to the admission to the Register, a blind person is examined by a medical practitioner with special experience in ophthalmology. Little delay is experienced in having persons known to be blind admitted to the Register.

AMBULANCE SERVICE: The Somerset County Ambulance Service covers the area from their Taunton and Yeovil depots. The service worked quite smoothly throughout the year. In addition at night and at week-ends the area is covered by the Red Cross Ambulance from Ilminster and the St. John's Ambulance from Chard.





NATIONAL HEALTH SERVICE: The National Health Service came into operation on 6th July, 1948 and is ten years old this year.

The many teething troubles have been dealt with and many of the abuses have been prevented. It is also fortunate that its popularity as a political 'hot chestnut' is waning. Constant public criticism by opposing political parties does not make for a happy service.

In our area the Service works well and received full co-operation from the Local Health Authority and Local Council.

Requests from practitioners for the re-housing of patients on medical grounds receive special attention and I am happy to say there are no outstanding cases on our waiting list.

The problem of the ageing population increases each year. I am certain that many people of 60 years or more are suffering varying degrees of discomfort or pain which could be alleviated with little difficulty. However, they seldom consult their doctors because they do not realise the help they could receive. I feel there is a place for the provision of a geriatric clinic run on the same lines as the Child Welfare Clinics by the local health authority where old people could go without appointment to seek advice on their ailments or have a routine examination. Those needing treatment could then be referred to their own doctors by letter. This might save doctors a great deal of time and benefit their patients.

MENTAL HEALTH SERVICES: These services are administered by the County Council through the Mental Health Sub-Committee of the County Health Committee.

The scope of this Committee covers ascertainment, care and training or discharge as the case may be, of patients in need of supervision, care or control under the Mental Deficiency Acts. The nearest training centre is at Lopen and children from our area attend there. The Committee of the Lopen Training Centre is made up of members representing various statutory and voluntary organisations. The Committee is concerned with the management of the Centre and makes recommendations to the County Health Sub-Committee through the appropriate officer. There are places for 20 pupils at Lopen and 18 are registered at present. There are three teachers under Mrs. Batten and a very happy atmosphere obtains at this Centre.

NATIONAL ASSISTANCE ACT: No statutory action was necessary during the year nor was I asked to intervene in any case. The Public Health Committee and I are reluctant to use our statutory powers to remove people from their homes. We have found from experience that encouragement and persuasion produces a far better result. I am not always convinced that people benefit from being suddenly uprooted from their home which may often be dirty and untidy but where, at least, they have developed an immunity to the local infections. They suddenly find themselves in the clean and ordered surroundings of Part III accommodation but at the same time come in contact with infections against which they have little or no immunity. Some do not survive very long and one is left in considerable doubt as to whether the action taken has been for the best.

#### SECTION C. PREVALENCE AND CONTROL OVER INFECTIOUS AND OTHER DISEASES:

A summary of the infectious diseases notified during the year will be found in Appendix C, Table 1.

The case of poliomyelitis was notified in February, before the vaccination campaign for protection against this disease had really got under way. It occurred in a child of seven years of age who had to be admitted to the Bath Orthopaedic Hospital. Following treatment she is still left with some slight residual paralysis.

Only three cases of tuberculosis were notified in 1958.

The B.C.G. Vaccination programme continued and all children born in 1944 were offered protection and those accepting were skin tested and vaccinated in February.

Earlier in the Report I have made reference to the vaccinations carried out against poliomyelitis.

#### SECTION D. ENVIRONMENTAL HEALTH SERVICES.

##### A. SANITARY CIRCUMSTANCES:

Climatic Conditions. The total rainfall during 1958 was 39.82 inches, which was more than in the previous year. The spring was reasonably dry but it was an extremely wet summer.





#### A. SANITARY CIRCUMSTANCES (Continued):

Water Supply. The water supply was quite satisfactory, both in quantity and quality, throughout the year and no shortage was experienced. Details of the chemical and bacteriological reports will be found in Appendix D, Table 1, together with other relevant data concerning the distribution of the supply.

Drainage and Sewage Disposal. There were no changes in the number of parishes with a main drainage and sewage disposal system. A 6" sewer extension at Back Street, Winsham, was completed during the year. The future proposals listed in my Report last year have still not been commenced but the approximate cost has now been reckoned at more than £13,000 higher than the original estimate.

Public Cleansing. Refuse collection is carried out by direct labour in the District. All parishes are covered. The villages are served twice a month and the more remote areas once a month. Trade waste is collected at 55/- per load.

Cesspools are emptied by contract at 23/6 per 900 gallons.

Rodent Destruction. The rodent operator carried out survey and treatment work throughout the year.

Ionising Radiation. The dangers to the population from 'fall out' following an atomic bomb attack have focussed public attention on the dangers of ionising radiations. Although an atomic war could be devastating in its effect, the much more pressing problem is the rapid increase in the use of radioactive substances for peaceful uses. It is over fifty years since X-rays and radioactive substances began to be extensively used to the benefit of humanity, mainly in the medical field. While that situation obtained, the possible hazards of radiation were restricted. However, new developments have completely changed the picture in the last fifteen years. Today there is scarcely any industry which does not make use of radioactive materials. Places where they are made and used are both places where hazards exist. Places where nuclear power is produced are increasing in number, for example Winfrith and Hinckley Point. These are a potential source of danger as the Windscale accident showed. It therefore becomes clear that the local health authorities must concern themselves with this new field of actual and potential risk to health and life.

The need for a central authority to co-ordinate the responsibilities of the various Ministries is obviously needed, but the ultimate safety of the population will continue to be the province of the medical officer of health. Government departments concerned have been asked to provide instruction and guidance for medical officers of health but so far nothing has materialised. It is surely time the Government faced this problem so that local Public Health Committees are in a position to answer local fears and give accurate information about the local situation.

#### B. FACTORIES ACT:

Details of inspections carried out during the year will be found in Appendix D, Table 2.

#### C. HOUSING:

Appendix D, Table 3 gives details of the housing programme for 1958.

All applications for improvement grants received during the year were approved.

#### D. INSPECTION AND SUPERVISION OF FOOD:

Milk. There are two registered distributors in the area and two dairy premises. There are two dealers in designated milk. Sampling was carried out by the County Council's staff.

Ice Cream. There are no premises registered for the manufacture of ice cream but thirty six are registered for the retail of the pre-packed product.

Meat. There are ten licensed slaughterhouses in the area. Details of meat inspections carried out are given in Appendix D, Table 4.

Food Premises in General. One prosecution was brought during the year against a firm of Wholesale Poultry Merchants. The Company was convicted on three charges under the Food Hygiene Regulations, 1955, and was fined £40 plus £12 costs.



APPENDIX A. TABLE 1.

Registrar-General's Estimate of population mid 1958	...	...	12,350
Area:	...	...	54,600
Number of inhabited houses at the end of 1958 according to the Rate Book	...	...	4,308
Rateable Value	...	...	£ 82,367
Sum represented by a penny rate	...	...	£346. 16. 4d.

APPENDIX B. TABLE 2.

BIRTH RATE: 12.98 per 1,000.

Comparability Factor 1.07.

<u>Live Births:</u>				<u>M.</u>	<u>F.</u>	<u>Total.</u>
Legitimate	...	...		78	70	148
Illegitimate	...	...		1	1	2
<u>Total</u>				79	71	150
<u>Stillbirths:</u>						
Legitimate	...	...		1	1	2
Illegitimate	...	...		-	-	-
<u>Total</u>				1	1	2
<u>Deaths of Infants under 1 year:</u>						
Legitimate	...	...		4	1	5
Illegitimate	...	...		-	-	-
<u>Total</u>				4	1	5
<u>Deaths of Infants under 4 weeks:</u>						
Legitimate	...	...		3	1	4
Illegitimate	...	...		-	-	-
<u>Total</u>				3	1	4

APPENDIX A. TABLE 3.

DEATH RATE: 10.47 per 1,000.

Comparability Factor 0.93.

Table of Deaths.

<u>Causes of Death:</u>				<u>M.</u>	<u>F.</u>	<u>Total.</u>
Heart:	Coronary disease	...		8	7	15
	Other heart disease	...		8	12	20
Circulation:	Vascular lesions of nervous system			13	21	34
	Other circulatory disease			6	3	9
Cancer of:	Stomach	...		2	4	6
	Lung	...		5	1	6
	Breast	...		-	2	2
	Uterus	...		-	2	2
	Other Sites	...		8	4	12
Leukaemia		...		1	-	1
Lungs:	Tuberculosis	...		1	-	1
	Bronchitis	...		1	-	1
	Influenza	...		1	1	2
	Pneumonia	...		2	1	3
	Other diseases of respiratory system			1	-	1
Diabetes		...		-	-	-
Duodenal ulcer		...		2	-	2
Gastritis		...		-	1	1
Nephritis		...		-	-	-
Congenital malformations		...		1	1	2
Other defined and ill-defined diseases				9	6	15
Motor vehicle accidents		...		1	-	1
All other accidents		...		1	1	2
Suicide		...		1	-	1
<u>Total</u>				72	67	139







APPENDIX B. TABLE 1.

CHILD WELFARE CENTRES.

Statistics for the twelve months ended 31st December, 1958.

			<u>Shepton Beauchamp.</u>	<u>Tatworth.</u>	<u>Winsham.</u>
1.	Number of children who first attended during the year and who at their first attendance were :-				
	Under one year of age	...	19	18	5
2.	Number of children who attended during the year and who were born in :-				
	(a) 1958	... ..	16	18	5
	(b) 1957	... ..	13	18	11
	(c) 1956 - 53	... ..	23	17	9
3.	Total attendances during the year made by children who at the age of attendance were :-				
	(a) Under one year of age	...	96	145	16
	(b) Over one but under two years of age	...	45	70	72
	(c) Over two but under five years of age	...	51	76	30
4.	Number of individual mothers who attended during the year		47	33	21
5.	Total number of sessions held :-				
	(i) with Medical Officer	...	11	11	7
	(ii) other sessions	...	-	1	5
	Number of children examined by doctor		31	41	14
	Total number of medical consultations		78	132	68
6.	Immunisations completed for :-				
	Diphtheria	... ..	2	5	3
	Diphtheria-Pertussis	... ..	17	7	4
	Diphtheria-Pertussis-Tetanus	..	1	6	3
	Smallpox Vaccination	...	16	-	-



APPENDIX B: TABLE 2:

<u>NAME OF SCHOOL:</u>	<u>Number on Roll</u>	<u>Number Inspected</u>	<u>Date of Inspection</u>	<u>Children having milk:</u>	<u>Children having dinner:</u>	<u>Diphtheria Immunis- ation:</u>
Ashill	20	14	12.11.58	90%	85%	10
Broadway	42	30	4.2.59	95.24%	69.05%	
Buckland St.Mary	40	33	19.11.58	100%	87.5%	15
Chaffcombe	25	11	11.9.58	84%	68%	3
Chillington	27	18	18.9.58	100%	96.29%	7
Combe St.Nicholas	52	26	13.11.58	92.30%	38.45%	
Donyatt	27	16	22.10.58	100%	70.37%	4
Hinton St.George	65	29	16.1.58	95.54%	41.54%	12
Horton	56	30	6.2.59	92.85%	60.71%	
Ilton	79	39	30.9.58	97.47%	55.66%	11
Merriott	114	46	17.9.58	87.70%	30.70%	27
Misterton	51	26	20.2.58	100%	25.49%	
Seavington	30	17	7.2.58	96.66%	53.33%	5
Shepton Beauchamp	38	25	21.10.58	94.63%	53.16%	6
Tatworth	108	53	25.9.58	91.67%	25.92%	4
Wambrook	13	9	11.9.58	100%	76.92%	
West Crewkerne	37	17	14.3.58	91.89%	91.89%	3
Whitestaunton	12	8	17.12.58	100%	66.66%	6
Winsham	73	30	13.2.58	100%	61.64%	

APPENDIX B: TABLE 3:

POLIOMYELITIS VACCINATIONChildren born in year :-

<u>1933/ 1942</u>	<u>1943</u>	<u>1944</u>	<u>1945</u>	<u>1946</u>	<u>1947</u>	<u>1948</u>	<u>1949</u>	<u>1950</u>	<u>1951</u>	<u>1952</u>	<u>1953</u>	<u>1954</u>	<u>1955</u>	<u>1956</u>	<u>1957</u>	<u>1958</u>	<u>TOTAL</u>
5	13	23	29	47	73	77	72	76	75	58	72	57	54	73	48	7	851

<u>Doctors &amp; families:</u>	<u>Expectant mothers:</u>	<u>Ambulance Staff and families:</u>	<u>Number of persons who received a third injection:</u>
-	11	2	-

Table 1  
Summary of the data

Year	1970	1971	1972	1973	1974	1975
1	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000
2	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000
3	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000
4	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000
5	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000
6	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000
7	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000
8	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000
9	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000
10	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000
11	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000
12	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000
13	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000
14	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000
15	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000
16	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000
17	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000
18	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000
19	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000
20	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000

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APPENDIX C. TABLE 1.

INFECTIOUS AND OTHER NOTIFIABLE DISEASES.

<u>Disease.</u>			<u>Total cases notified.</u>
Measles	...	...	91
Whooping Cough	...	...	7
Scarlet Fever	...	...	4
Poliomyelitis	...	...	1
Pneumonia	...	...	2
Food Poisoning	...	...	1
Puerperal Pyrexia	...	...	1

ANALYSIS OF CASES NOTIFIED.

Under 1 yr.    1-2.    2-3.    3-4.    4-5.    5-10.    10-15.    15-20.    20-35.    35-45.    45-65.    65+

Measles	1	4	5	10	9	53	9	-	-	-	-	-
Whooping Cough	1	1	-	2	-	3	-	-	-	-	-	-
Scarlet Fever	-	-	1	-	-	2	-	-	1	-	-	-
Poliomyelitis	-	-	-	-	-	1	-	-	-	-	-	-
Pneumonia	-	-	-	-	-	1	-	-	-	-	-	1
Food Poisoning	-	-	-	-	-	-	-	-	1	-	-	-
Puerperal Pyrexia	-	-	-	-	-	-	-	-	-	1	-	-

TUBERCULOSIS.

<u>Age Group.</u>	<u>New Cases.</u>				<u>Deaths.</u>			
	<u>Respiratory.</u>		<u>Non-Respiratory.</u>		<u>Respiratory.</u>		<u>Non-Respiratory.</u>	
	M.	F.	M.	F.	M.	F.	M.	F.
1	-	-	-	-	-	-	-	-
1 - 5	-	-	-	-	-	-	-	-
5 - 15	-	-	-	-	-	-	-	-
15 - 25	-	-	-	-	-	-	-	-
25 - 35	-	-	-	-	-	-	-	-
35 - 45	1	-	-	-	-	-	-	-
45 - 55	1	-	-	-	-	-	-	-
55 - 65	-	-	-	-	-	-	-	-
65+	-	1	-	-	-	-	-	-
Age Unknown	-	-	-	-	-	-	-	-
<u>Totals</u>	2	1	-	-	-	-	-	-



APPENDIX D. TABLE 1.

Water Supplies.

Piped Supplies - results of samples taken for Analysis:

<u>Raw Water.</u>				<u>Treated after going into Supply.</u>			
<u>Bacteriological.</u>		<u>Chemical.</u>		<u>Bacteriological.</u>		<u>Chemical.</u>	
Satis- -factory.	Unsatis- -factory.	Satis- -factory.	Unsatis- -factory.	Satis- -factory.	Unsatis- -factory.	Satis- -factory.	Unsatis- -factory.
2	-	-	-	22	-	4	-

Water Supplies from Public Mains:

<u>Direct to Houses.</u>		<u>By means of Standpipes.</u>	
<u>No. of Dwelling- -houses.</u>	<u>Population.</u>	<u>No. of Dwelling- -houses.</u>	<u>Population.</u>
3,102	9,839	33	115

APPENDIX D. TABLE 2.

Factories Acts 1937 & 1948.

Inspections for the purpose of provisions as to Health (including inspections made by the Public Health Inspector).

<u>Premises.</u>	<u>Number on Register.</u>	<u>Inspections.</u>	<u>Written Notice.</u>	<u>Occupiers Prosecuted.</u>
Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities:	9	17	-	-
Factories not included in (i) in which Section 7 is enforced by the Local Authority:	27	203	-	-
Other premises:	-	-	-	-
<u>Totals</u>	36	220	-	-

Cases in which defects were found	...	...	Nil.
Cases in which defects found were remedied	...	...	Nil.

Outworkers.

No. of Outworkers in August list required by Section 10	...	...	...	175
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APPENDIX D TABLE 3

Housing

ACTION TAKEN DURING YEAR:-

1)	Number of houses included in Clearance Areas for which Orders are still to be made ... ..	Nil
2)	Number of houses in Clearance Areas which have been patched for temporary accommodation under Section 48 of the Housing Act, 1957.. ... ..	Nil
3)	Number of houses demolished under Section 42 of the Housing Act, 1957 (Clearance Areas).. ... ..	6
4)	Number of houses demolished or closed under Section 17 of the Housing Act, 1957 (individual units) ... ..	4
5)	Number of temporary dwellings (huts etc) demolished... ..	4 huts
6)	Number of houses declared unfit under Section 9 of the Housing Act, 1957 ... ..	-
7)	Number of unfit houses occupied under licence ... ..	-
8)	<u>Rent Act, 1957 (1st Schedule)</u> Certificates of Disrepair:- (a) Number of applications received ... .. (b) Number of Certificates issued ... ..	- - -

	<u>Houses erected during the year.</u>		<u>Houses in course of Erection.</u>		<u>Gained from conversion of large houses or buildings into flats or dwellings.</u>	<u>Lost from conversion of two or more houses to one.</u>
	For Slum Clearance	For other purposes.	For Slum Clearance	For other purposes.		
Local Authority	Nil	Nil	Nil	6	Nil	Nil
Private Enterprise	Nil	23	Nil	11	1	2

<u>Number of Post-War houses erected from 1.4.45 - 31.12.58:</u>				<u>Housing Programme for 1959</u>	
<u>By Local Authority</u>		<u>By Private Enterprise</u>		<u>For Slum Clearance</u>	<u>For other purposes</u>
482		214		Nil	26

(a)	Number of temporary housing units occupier	(i) Prefabs: ...	30
		(ii) Huts etc: ...	Nil
(b)	Number of houses found overcrowded ... ..		1
(c)	Number of houses made fit during year ... ..		6

Houses required:

(i)	To replace houses scheduled for demolition ... ..	28
(ii)	To abate overcrowding ... ..	Nil
(iii)	For other purposes ... ..	Nil
TOTAL number of applications for Council Houses at the end of the year ...		151
TOTAL number of Council Houses sold during the year ... ..		Nil

No. of permanent dwellings in District as at 31.12.57 (a)	Gained from conversions and erected during 1958(b)	TOTAL (a) + (b)	Less houses demolished, closed etc. during year	Number of permanent dwellings in District as at 31.12.58: L.A. P.E.	
4285	23	4308	10	733	3565



IMPROVEMENT GRANTS.

No. of applications and houses dealt with by Local Authority:

	<u>Received.</u>		<u>Approved.</u>		<u>Rejected.</u>	
	<u>Appli-</u> <u>-cations.</u>	<u>No. of</u> <u>dwelling.</u>	<u>Appli-</u> <u>-cations.</u>	<u>No. of</u> <u>dwelling.</u>	<u>Appli-</u> <u>-cations.</u>	<u>No. of</u> <u>dwelling.</u>
31.7.49 - 31.12.57	101	119	82	97	17	19
During year	9	9	9	9	Nil	Nil
<u>Total</u>	110	128	91	106	17	19

<u>NOTE:</u> Number of applications approved in respect of owner/occupiers during year	...	...	4
Average cost per dwelling approved during year	...	...	£776
Average rent fixed	...	...	Controlled by Rent Act, 1957.
Amount of grant payable by Local Authority		...	£174





APPENDIX D TABLE 4

				<u>Meat Inspection</u>					
				<u>Cattle excluding cows</u>	<u>Cows</u>	<u>Calves</u>	<u>Sheep and Lambs</u>	<u>Pigs</u>	<u>Horses</u>
Number killed (if known)	...								
Number inspected	...	...	...	909		480	2040	650	
<u>All diseases except Tuberculosis and Cysticerci</u>									
Whole carcasses condemned	...			16		7	12	7	
Carcasses of which some part or organ was condemned	...			82			88	14	
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	...	...	...	10%		1.4%	4.9%	3.2%	
<u>Tuberculosis only</u>									
Whole carcasses condemned	...								
Carcasses of which some part or organ was condemned	...			10				7	
Percentage of the number inspected affected with tuberculosis	...	...	...	1.1%				1%	
<u>Cysticercosis</u>									
Carcasses of which some part or organ was condemned	...								
Carcasses submitted to treatment by refrigeration	...								
Generalised and totally condemned	...	...	...						
<u>Weight of meat condemned (in lbs.) for :-</u>									
(a) Tuberculosis	...	...							
(b) Cysticercosis	...	...							
(c) Other	...	...	...	1005			70	8	-
TOTAL (in lbs.) condemned	...			1005			70	8	-

